



## APPLICATION FOR CHILD CARE PAYMENT ASSISTANCE

Please review the following information prior to applying for child care through the Department of Human Services. Child Care through the State of Tennessee is a family need, eligibility based program. The appropriate Client Representative or Child Care Specialist will discuss the eligibility requirements for the specific type of child care for which you are applying. Interpreter services are available through the Tennessee Foreign Language Institute at <http://tfli.org/>.

### 1. Child with Disability as defined by Office of Child Care Administration

"Child with a disability" includes:

- (A) A child with a disability, as defined in section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401);
- (B) A child who is eligible for early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.);
- (C) Child who is less than 13 years of age and who is eligible for services under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); and
- (D) A child with a disability, as defined by the State.

### 2. Homeless- as defined by Office of Child Care Administration "homeless children and youths" —

- (A) Means individuals who lack a fixed, regular, and adequate nighttime residence; and
- (B) Includes —
  - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
  - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
  - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
  - (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

### 3. Military- as defined by Office of Child Care Administration

The Administration has taken a number of actions to increase services and supports for members of the military and their families. We are proposing to add a new data element to the ACF-801 to determine the family's status related to military service. This element will identify if the parent is currently active duty (i.e. serving full-time) in the U.S. Military or a member of either a National Guard unit or a Military Reserve unit. This data will allow States and Office of Child Care (OCC) to determine the extent to which military families are accessing the Child Care and Development Fund (CCDF) program.

**4. Applicants are not required to provide Social Security numbers on the application. Applicants cannot be denied benefits if they choose to withhold any Social Security numbers.**

**5. In order to determine Child Care Eligibility the following information is needed:**

Valid ID (At least one of the following per individual)

- Driver's License
- Voter's Registration Card
- Health Department Shot Record
- I-94 card
- Passport
- Resident Alien Card
- School Records

Verification of Citizenship (At least one of the following per individual)

- A U.S. Passport
- A Certificate of Naturalization (DHS Forms N-550 or N-570)
- A Certificate of U.S. Citizenship (DHS Forms N-560 or N-561)
- A birth certificate
- Hospital, clinic or doctor records
- A report or Certification of Birth Abroad of a U.S. citizen
- A U.S. Citizen ID card, or adoption papers, or a military record
- INS (Immigration) papers for people who were not born in the U.S.

Verification of relationship (Birth Certificate, Marriage Certificate, Court Orders, etc)

- spouse/partner/other parent;
- sibling;
- other children who may receive benefits due to custody or birth

Income Verification (At least one of the following per individual)

- Check stubs for the past 2 months (8 weeks)
- W-2 Forms
- Award Letters
- Employer statement (if within the first month of employment)
- The Work Number
- Self-Employment Reporting and Verification Form HS-3177

Child Support verification (Court Order, Payment Records)

Verification of school/college attendance/enrollment

- Current class schedule per semester/quarter

Immunization records for children in care

Any other verification(s) needed per request to determine eligibility

**Primary Language: (Check One)**

- ☐ 01 English
 ☐ 02 Spanish
 ☐ 03 Native, Central, South American and Mexican
 ☐ 04 Caribbean Language
- ☐ 05 Middle Eastern and South Asian Languages
 ☐ 06 East Asian Languages
 ☐ 07 Native North American/Alaska Native Languages
 ☐ 08 Pacific Island Languages
- ☐ 09 European and Slavic Languages
 ☐ 10 African Languages
 ☐ 11 Other
 ☐ 12 Unspecified

**Type of Child Care assistance requested: (Check One)**

- ☐ ARCO At-Risk Child Only
 ☐ TFF/TCC-Transitional Child Care
 ☐ TPACC-Teen Parent Child Care
- ☐ DIV-Diversion
 ☐ Smart Steps
 ☐ TANF-FF-Families First

**Type of care needed:** ☐ Traditional hours from \_\_\_\_ am/pm to \_\_\_\_ am/pm

☐ Non-Traditional hours from \_\_\_\_ am/pm to \_\_\_\_ am/pm

**Applicant's Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_

\*SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Marital Status: (Check One)

☐ Single ☐ Married ☐ Separated ☐ Divorced

Sex: ☐ Male Race: \_\_\_\_\_

☐ Female

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Military Service**

Active: Yes ☐ No ☐ Dates of Service \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Active Reserve: Yes ☐ No ☐ Location/Duty \_\_\_\_\_

**Spouse/Other Parent/Partner Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_

\*SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Marital Status: (Check One)

☐ Single ☐ Married ☐ Separated ☐ Divorced

Sex: ☐ Male Race: \_\_\_\_\_

☐ Female

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Military Service**

Active: Yes ☐ No ☐ Dates of Service \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Active Reserve: Yes ☐ No ☐ Location/Duty \_\_\_\_\_

Address: **If homeless \*(Definition on page 1)** Check here ☐

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Children Needing Child Care:**

- Does child/ren have a disability? (Definition on page 1) Yes ☐ No ☐

**Name of child/children**

Last Name	First Name:	**Date of Birth / /	SEX <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
Race	SSN (optional) - -			
Last Name	First Name	Date of Birth / /	SEX <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
Race	SSN (optional) - -			
Last Name	First Name / /	Date of Birth	SEX <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
Race	SSN (optional) - -			
Last Name	First Name	Date of Birth / /	SEX <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
Race	SSN (optional) - -			
Last Name	First Name	Date of Birth / /	SEX <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
Race	SSN (optional) - -			

**Other Family Members including children NOT needing Child Care:**

Last Name	First Name	MI	Relationship	DOB	SSN
					- -
					- -
					- -

**Employment:**

1.  
Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Pay Frequency: (Check One) ☐ Weekly ☐ Every Two Weeks ☐ Twice Monthly ☐ Monthly  
Hourly Wage: \$ \_\_\_\_\_ Hours per Week: \_\_\_\_\_

2.

Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Pay Frequency: (Check One) ☐ Weekly ☐ Every Two Weeks ☐ Twice Monthly ☐ Monthly  
 Hourly Wage: \$ \_\_\_\_\_ Hours per Week: \_\_\_\_\_

**Education:**

Applicant  
 (check one)  
☐ High School  
☐ College/University  
☐ Technical School  
☐ Other

Presently Attending? ☐ Yes ☐ No  
 Where Attending: \_\_\_\_\_  
 Credit Hours: \_\_\_\_\_  
 Degree/Certification Earned: \_\_\_\_\_

Spouse/Other Parent/Partner  
 (check one)  
☐ High School  
☐ College/University  
☐ Technical School  
☐ Other

Presently Attending? ☐ Yes ☐ No  
 Where Attending: \_\_\_\_\_  
 Credit Hours: \_\_\_\_\_  
 Degree/Certification Earned: \_\_\_\_\_

**Other Income:**

Type	Monthly Amount	Who Receives	Monthly Amount	Who Receives
Families First	\$		\$	
Child Support	\$		\$	
Alimony	\$		\$	
Social Security/SSI	\$		\$	
Veteran Pension	\$		\$	
Unemployment Comp	\$		\$	
Self Employ-Non Farm	\$		\$	
Self Employ-Farm	\$		\$	
Military	\$		\$	
Other (please specify)	\$		\$	

**\*Books from Birth (Imagination Library):** I understand by applying for child care assistance I am authorizing the Tennessee Department of Human Services to enroll my age eligible child(ren) (birth to age 5) in the Books from Birth program. I further understand upon enrollment my child(ren) will receive an age appropriate free book each month via mail until my child reaches age 5.

**\*\*CLIENT DECLARATION:** I certify that the above information is true and correct. I also understand my obligation to report and provide verification of any changes in family income and size within ten (10) calendar days. My right to appeal the decision concerning services has been discussed with me. I further understand that if I willfully withhold any information or willfully give false information or misrepresent the circumstances of anyone for whom services are requested and thereby receive services to which I am not entitled that I will be subject to criminal prosecution under the issue of the State of Tennessee.

**RELEASE OF INFORMATION:** I further understand and agree to cooperate if a representative from the Department of Human Services requests verification of income and family size.

**PERMISSION TO CONTACT ME:**

I agree that DHS may contact me by U.S. Mail and by phone at the address and numbers indicated on my application, and leave messages when I am unavailable, as necessary to provide information about my application for benefits / services or the benefits / services that I am already receiving.

Signature of Client or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship of Representative to Client: \_\_\_\_\_

**Fair Hearing Appeal Policy**

You have the right to appeal any action or decision made by this agency. A Fair Hearing will allow you to explain how you feel the action or decision did not follow policy. The Fair Hearing officer will decide if the policy was correctly followed or not followed by the agency. Individuals who wish to appeal must complete and submit the HS-3058 Consolidated Appeal Request Form within ten (10) calendar days of the denial or termination notice

If you request a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care assistance during the Fair Hearing process and it is later decided that you were not eligible for assistance, you will be required to repay the full amount of child care assistance you were not entitled to receive.

You will not be penalized or treated unfairly by your Child Care Specialist or other Certificate Program staff for requesting a Fair Hearing. You may bring a friend, relative or lawyer to the Fair Hearing to speak on your behalf.